

ISSUE SLIP FILL IN AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
DETERMINATION	<i>[Signature]</i>		06/15/01
COMPLET CLASSIFIER		73	6/23/01
FORMALTY REVIEW	YG	956	08/16/01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

- | | |
|-----------------------------------|----------------------|
| _____ Rejected | N _____ Non-elected |
| _____ Allowed | I _____ Interference |
| (Through numeral) _____ Cancelled | A _____ Appeal |
| _____ Restricted | O _____ Objected |

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Best Available Copy

754 900
08/16/01

If more than 150 claims or 10 actions
 staple additional sheet here.

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